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PTO/SB/06 (12-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application or Docket Number** PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) **FOR NUMBER FILED NUMBER EXTRA** RATE (\$) FEE (\$) RATE (\$) FEE (\$) **BASIC FEE** (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (i), or (m)) **EXAMINATION FEE** (37 CFR 1.16(o), (p), or (q)) **TOTAL CLAIMS** = (37 CFR 1.16(i)) minus 20 = OR INDEPENDENT CLAIMS minus 3 = = X = (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due **APPLICATION SIZE** FEE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) **SMALL ENTITY** SMALL ENTITY CLAIMS **HIGHEST PRESENT** REMAINING **NUMBER** RATE (\$) ADDI-RATE (\$) ADDI-⋖ **EXTRA PREVIOUSLY** AFTER TIONAL **TIONAL** ENDMENT **AMENDMENT** PAID FOR **FEE (\$)** FEE (\$) Total Minus = (37 CFR 1.16(i)) = X OR Independent Minus = (37 CFR 1.16(h)) X = OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i)) OR **TOTAL TOTAL** OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST **PRESENT** REMAINING. NUMBER RATE (\$) ADDI-RATE (\$) ADDI- $\mathbf{\omega}$ **EXTRA** AFTER **PREVIOUSLY** TIONAL **TIONAL AMENDMENT AMENDMENT** PAID FOR **FEE (\$) FEE (\$) Total** Minus = (37 CFR 1.16(i)) Х = X = OR Independent Minus = (37 CFR 1.16(h)) Х = OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i)) OR **TOTAL** TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete.

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 CLAIMS AS FILED PARTI OTHER THAN SMALL ENTITY 'SF (Column 1) Les (Column:2) OR SMALL ENTITY NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter 0 in column 2 CLAIMS AS AMENDED PART IL (Column 3 ADDE NUMBER REMAINING Y PRESENT TIONAL AFTER : PREVIOUSLY PAID FOR EXTRA (Column 2) (Celumn:3) REMAINING NUMBER PRESENT AFTER AMENDMENT PREVIOUSLY EXTRA PAID FOR X\$ 9= Findependent . Minus X42= OR FIRST: PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR. TOTAL OR ADDIT ADDIT FEE (Column 2) (Column 3) CLAUS HIGHES REMARING NUMBER: PRESENT AFTER TIONAL RATE EXTRA PREVIOUSEY AMENDMENT PAID FOR PEE Minus Total X\$ 9= OR independent euniM. X42= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." sees the "Hinhest Number Previously Paid For" IN THIS SPACE is less than 3, enter "J."

Application or Docket Number

in the appropriate box in column 1.